

Attachment R: Benefits Covered - CHILDREN UNDER AGE 21

Diagnostic services include the oral examinations, school based examinations and selected radiographs needed to assess the oral health, diagnose oral pathology and develop an adequate treatment plan for the Participant's oral health.

Reimbursement for radiographs includes exposure of the radiograph, developing, mounting and radiographic interpretation. Reimbursement for multiple radiographs of the same tooth or area may be denied if Doral determines the number to be redundant, excessive or not in keeping with the federal policies relating to radiation exposure. Doral utilizes the guidelines published by the Department of Health and Human Services, Center for Devices and Radiological Health. These guidelines were developed in conjunction with the Food and Drug Administration and are described in Attachment J of this manual.

If the total allowed amount for radiographs performed on a participant exceeds the allowed amount for procedure code D0210 (Complete Series), the submitted radiograph codes will be consolidated and paid as a Complete Series (D0210). The maximum reimbursement for a single date of service for radiographs shall be limited to the fee for a complete service.

An initial examination is typically used when evaluating a patient comprehensively. It is a thorough evaluation and recording of the extraoral and intraoral hard and soft tissues. It may require interpretation of information acquired through additional diagnostic procedures. Additional diagnostic procedures should be reported separately.

This would include the evaluation and recording of the patient's dental and medical history and a general health assessment. It may typically include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, occlusal relationships, periodontal conditions (including periodontal charting), hard and soft tissue anomalies, oral cancer screening, etc.

A periodic examination is performed on a patient of record to determine any changes in the patient's dental and medical health status since a previous comprehensive or periodic evaluation. This may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately.

A complete Early Periodic Screening, Diagnosis and Treatment (EPSDT) school based examination is used when evaluating a patient comprehensively. It is a thorough evaluation and a recording of the extraoral and intraoral hard and soft tissues. This would include the evaluation and recording of the patient's dental and medical history and a general health assessment. It may typically include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, occlusal relationships, periodontal conditions (including periodontal charting), hard and soft tissue anomalies, oral cancer screening, etc.

PLACE OF SERVICE (field #38 on 2002, 2004 ADA claim form) MUST BE INDICATED ON ALL CLAIMS.

SCHOOL BASED SERVICE: Providers who render school-based services (D0120, D1120, D1203 and D1351) will be reimbursed at the school rate as indicated in the fee schedule (see Attachment P). Place of service (field #38 of 2002, 2004 ADA claim form) must be indicated as "OTHER" when submitting codes D0120, D1120, D1203 and D1351.

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required

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Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0120	periodic oral evaluation	0 - 20		No	One per 12 months. Participants are also eligible for one periodic oral evaluation (D0120) performed in school setting per 12 months.	Place of service.
D0140	limited oral evaluation - problem focused	0 - 20		No	Limited emergency exam will only be covered when performed in conjunction with treatment to address an emergency situation. An emergency will be defined as treatment medically necessary to treat pain, infection, swelling, uncontrolled bleeding or traumatic injury. Not allowed with rx110	Description of the emergency and description of services provided with claim.
D0150	comprehensive oral evaluation - new or established patient	0 - 20		No	Once per lifetime. One comprehensive exam per patient per dentist or dental group per lifetime.	
D0210	intraoral - complete series (including bitewings)	0 - 20		No	One per 36 months.	
D0220	intraoral - periapical - first film	0 - 20		No	Maximum of one (1) per day per patient per dentist or dental group.	

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Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0230	intraoral - periapical - each additional film	0 - 20		No	Maximum reimbursement for a single date of service for radiographs limited to fee for Complete Series (D0210).	
D0270	bitewing - single film	0 - 20		No	Maximum reimbursement for a single date of service for radiographs limited to fee for Complete Series (D0210).	
D0272	bitewings - two films	0 - 20		No	Maximum reimbursement for a single date of service for radiographs limited to fee for Complete Series (D0210).	
D0274	bitewings - four films	0 - 20		No	Maximum reimbursement for a single date of service for radiographs limited to fee for Complete Series (D0210).	
D0277	vertical bitewings - 7 to 8 films	0 - 20		No	Maximum reimbursement for a single date of service for radiographs limited to fee for Complete Series (D0210).	

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Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0330	panoramic film	5 - 20		No	One per 36 months. Maximum reimbursement for a single date of service for radiographs limited to fee for Complete Series (D0210).	

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Preventive services include routine and EPSDT prophylaxis (including scaling and polishing), topical fluoride treatments, dental sealants, and space maintenance therapy for Participants age 0 through 20. The goal of providing routine and periodic preventive dental services is to maintain oral health and prevent more extensive dental procedures.

Routine prophylaxis is covered for Participants age 0 through 20, once every 6 months. Prophylaxis includes necessary scaling and polishing.

The topical application of fluoride treatment is allowed once every 12 months for Participants age 0 through 20.

Sealants are covered for Participants age 5 through 17. Sealants should be applied to the occlusal surfaces of all erupted and appropriate first and second permanent molars. Priority should be given to applying sealants for all 7 and 12 year olds. Sealants will not be covered when they are placed over restorations.

Space maintainers are a covered service for Participants age 2 through 20 when determined by a Doral Consultant to be indicated due to the premature loss of a posterior primary tooth. Space maintainers will not be covered if premolar eruption is imminent.

A lower lingual holding arch placed when there is not premature loss of a primary molar is considered a transitional orthodontic appliance and not a covered benefit.

PLACE OF SERVICE (field #38 on 2002, 2004 ADA claim form) MUST BE INDICATED ON ALL CLAIMS.

Providers who render school-based services (D0120, D1120, D1203, and D1351) will be reimbursed at the school rate as indicated in the fee schedule (see Attachment P). Place of service (field #38 on 2002, 2004 ADA claim form) must be indicated as "Other" when submitting codes D0120, D1120, D1203, and D1351.

Preventive						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D1120	prophylaxis - child	0 - 20		No	One per 6 months. Removal of plaque, calculus and stains from the tooth surfaces. Intended to control local irrational factors.	Place of service.
D1203	topical application of fluoride (prophylaxis not included) - child	0 - 20		No	One per 12 months. Prescription strength fluoride designed solely for use in the dental office, delivered to the dentition under the direct supervision of a dental professional.	Place of service.

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Preventive						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D1351	sealant - per tooth	5 - 17	Teeth 2, 3, 14, 15, 18, 19, 30, 31	No	Once per lifetime. Occlusal surfaces only. Teeth must be caries free. Sealant will not be covered when placed over restorations.	
D1510	space maintainer - fixed - unilateral	2 - 20	Per quadrant - 10 (UR), 20 (UL), 30 (LL), 40 (LR)	Yes	Covered when indicated due to premature loss of posterior primary teeth.	Pre-operative radiographs.
D1515	space maintainer - fixed - bilateral	2 - 20	Upper Arch 01 (UA) or Lower Arch 02 (LA)	Yes	Covered when indicated due to premature loss of posterior primary teeth.	Pre-operative radiographs.
D1525	space maintainer - removable - bilateral	2 - 20	Upper Arch 01 (UA) or Lower Arch 02 (LA)	Yes	Covered when indicated due to premature loss of posterior primary teeth.	Pre-operative radiographs.
D1550	re-cementation of space maintainer	2 - 20		No		

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Restorative services (amalgams and composites) are provided to remove decay and restore dental structures (teeth) to a reasonable condition. Payment is made for restorative services based on the number of surfaces restored, not on the number of restorations per surface, or per tooth, per day.

Bases, cements, liners, pulp caps, bonding agents and local anesthetic are included in the restorative service fees and are not reimbursed separately.

Restorations are expected to last a reasonable amount of time. Repeated unexplained failures will result in review by Peer Review and may necessitate removal of the dentist from the panel.

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2140	amalgam - one surface, primary or permanent	0 - 20	Teeth 1 through 32, A through T	No		
D2150	amalgam - two surfaces, primary or permanent	0 - 20	Teeth 1 through 32, A through T	No		
D2160	amalgam - three surfaces, primary or permanent	0 - 20	Teeth 1 through 32, A through T	No		
D2161	amalgam - four or more surfaces, primary or permanent	0 - 20	Teeth 1 through 32, A through T	No		

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Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2330	resin-based composite - one surface, anterior	0 - 20	Teeth 6 - 11, 22 - 27, C - H, M - R	No		
D2331	resin-based composite - two surfaces, anterior	0 - 20	Teeth 6 - 11, 22 - 27, C - H, M - R	No		
D2332	resin-based composite - three surfaces, anterior	0 - 20	Teeth 6 - 11, 22 - 27, C - H, M - R	No		
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	0 - 20	Teeth 6 - 11, 22 - 27, C - H, M - R	No		
D2391	resin-based composite - one surface, posterior	0 - 20	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I, J, K, L, S, T	No		

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Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2392	resin-based composite - two surfaces, posterior	0 - 20	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I, J, K, L, S, T	No		
D2393	resin-based composite - three surfaces, posterior	0 - 20	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I, J, K, L, S, T	No		
D2394	resin-based composite - four or more surfaces, posterior	0 - 20	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I, J, K, L, S, T	No		
D2740	crown porcelain/ceramic substrate	0 - 20	Teeth 4 - 13, 20 - 29	Yes	One per 60 months.	Pre-operative radiographs.
D2750	crown - porcelain fused to high noble meta	0 - 20	Teeth 4 - 13, 20 - 29	Yes	One per 60 months.	Pre-operative radiographs.

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Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2751	crown - porcelain fused to predominantly base metal	0 - 20	Teeth 4 - 13, 20 - 29	Yes	One per 60 months.	Pre-operative radiographs.
D2752	crown - porcelain fused to noble metal	0 - 20	Teeth 4 - 13, 20 - 29	Yes	One per 60 months.	Pre-operative radiographs.
D2790	crown - full cast high noble metal	0 - 20	Teeth 1 through 32	Yes	One per 60 months.	Pre-operative radiographs.
D2791	crown - full cast predominantly base metal	0 - 20	Teeth 1 through 32	Yes	One per 60 months.	Pre-operative radiographs.
D2792	crown - full cast noble metal	0 - 20	Teeth 1 through 32	Yes	One per 60 months.	Pre-operative radiographs.

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Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2910	recement inlay, onlay or partial coverage restoration	0 - 20	Teeth 1 through 32	No		
D2915	recement cast or prefabricated post and core	0 - 20	Teeth 1 through 32	No		
D2920	recement crown	0 - 20	Teeth 1 through 32, A through T	No		
D2930	prefabricated stainless steel crown - primary tooth	0 - 20	Teeth A through T	Yes	Authorization required for two (2) or more crowns.	Pre-operative radiographs.
D2931	prefabricated stainless steel crown - permanent tooth	2 - 20	Teeth 1 through 32	Yes	Authorization required for two (2) or more crowns. Not compensated with construction of permanent crown.	Pre-operative radiographs.

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Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2932	prefabricated resin crown	0 - 20	Teeth 6 - 11, 22 - 27, C - H, M - R	Yes	Authorization required for two (2) or more crowns.	Pre-operative radiographs.
D2940	sedative filling	0 - 20	Teeth 1 through 32, A through T	No		
D2951	pin retention - per tooth, in addition to restoration	0 - 20	Teeth 1 through 32	No		
D2954	prefabricated post and core in addition to crown	0 - 20	Teeth 1 through 32	Yes		Endodontic fill radiograph.

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Endodontic services are provided to retain teeth through root canal therapy made necessary due to trauma or carious exposure.

The following guidelines must be followed when providing endodontic services:

Pulpotomies will only be covered on primary teeth with no evidence of internal resorption, furcation or periapical pathologic involvement.

The standard of acceptability employed for endodontic procedures requires that the canal(s) be completely filled apically and laterally. In cases where the root canal filling does not meet Doral's treatment standards, Doral can require the procedure to be redone at no additional cost. Any reimbursement already made for an inadequate service may be recouped after the Doral Consultant reviews the circumstances.

Root canal therapy for permanent teeth includes diagnosis, extirpation of the pulp, shaping and enlarging the canals, temporary fillings, filling and obliteration of root canal(s), and progress radiographs. The fee does not include the final restoration.

Root canals and pulpotomies may not be covered in the following situations:

- * Root resorption has started and exfoliation is imminent
- * Gross periapical or periodontal pathosis is demonstrated radiographically (caries to the furcation, or subcrestal deeming the tooth non-restorable)
- * The general oral condition does not justify root canal therapy due to the loss of arch integrity
- * Tooth does not demonstrate 50% bone support
- * Tooth demonstrates active untreated periodontal disease

Endodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	0 - 20	Teeth A through T	No	Not reimbursable when performed in conjunction with a root canal - Primary Teeth Only.	
D3310	anterior canal (excluding final restoration)	2 - 20	Teeth 6 - 11, 22 - 27	No	Once per lifetime.	

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Endodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D3320	bicuspid (excluding final restoration)	2 - 20	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	Once per lifetime.	
D3330	molar (excluding final restoration)	2 - 20	Teeth 1 - 3, 14 - 19, 30 - 32	No	Once per lifetime.	
D3351	apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	2 - 20	Teeth 1 through 32	Yes	Once per lifetime.	Pre-operative radiograph.
D3352	apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	2 - 20	Teeth 1 through 32	Yes	Once per lifetime.	Pre-operative radiograph with claim.
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	2 - 20	Teeth 1 through 32	Yes	Once per lifetime.	Pre-operative radiograph and fill radiograph with claim.

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Endodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D3410	apicoectomy/periradicular surgery - anterior	2 - 20	Teeth 6 - 11, 22 - 27	Yes	Not payable concurrently with root canal treatment of tooth.	Pre-operative radiograph.

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Periodontal scaling and root planing, gingivectomy, and certain other procedures as required can be considered for coverage. The initial stages of therapy should include Oral Hygiene Instructions and treatment to remove deposits. Surgical intervention will not be considered until there is a sufficient amount of time for healing and re-evaluation.

Periodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces, per quadrant	0 - 20	Per quadrant - 10 (UR), 20 (UL), 30 (LL), 40 (LR)	Yes		Pre-operative radiographs and periodontal charting.
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	0 - 20	Per quadrant - 10 (UR), 20 (UL), 30 (LL), 40 (LR)	Yes		Pre-operative radiographs and periodontal charting.
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces, per quadrant	0 - 20	Per quadrant - 10 (UR), 20 (UL), 30 (LL), 40 (LR)	Yes		Pre-operative radiographs and periodontal charting.
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces, per quadrant	0 - 20	Per quadrant - 10 (UR), 20 (UL), 30 (LL), 40 (LR)	Yes		Pre-operative radiographs and periodontal charting.

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Periodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D4260	osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces, per quadrant	0 - 20	Per quadrant - 10 (UR), 20 (UL), 30 (LL), 40 (LR)	Yes		Pre-operative radiographs and periodontal charting.
D4261	osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth, per quadrant	0 - 20	Per quadrant - 10 (UR), 20 (UL), 30 (LL), 40 (LR)	Yes		Pre-operative radiographs and periodontal charting.
D4263	bone replacement graft - first site in quadrant	0 - 20	Per quadrant - 10 (UR), 20 (UL), 30 (LL), 40 (LR)	Yes		Pre-operative radiographs and periodontal charting.
D4264	bone replacement graft - each additional site in quadrant	0 - 20	Per quadrant - 10 (UR), 20 (UL), 30 (LL), 40 (LR)	Yes		Pre-operative radiographs and periodontal charting.
D4270	pedicle soft tissue graft procedure	0 - 20	Per quadrant - 10 (UR), 20 (UL), 30 (LL), 40 (LR)	Yes		Pre-operative radiographs and periodontal charting.

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Periodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D4271	free soft tissue graft procedure (including donor site surgery)	0 - 20	Per quadrant - 10 (UR), 20 (UL), 30 (LL), 40 (LR)	Yes		Pre-operative radiographs and periodontal charting.
D4273	subepithelial connective tissue graft procedures, per tooth	0 - 20	Teeth 1 through 32	Yes		Pre-operative radiographs and periodontal charting.
D4274	distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	0 - 20	Per quadrant - 10 (UR), 20 (UL), 30 (LL), 40 (LR)	Yes		Pre-operative radiographs and periodontal charting.
D4320	provisional splinting - intracoronal	0 - 20	Upper Arch 01 (UA) or Lower Arch 02 (LA)	Yes		Pre-operative radiographs and periodontal charting.
D4321	provisional splinting - extracoronal	0 - 20	Upper Arch 01 (UA) or Lower Arch 02 (LA)	Yes		Pre-operative radiographs and periodontal charting.

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Periodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D4341	periodontal scaling and root planing - four or more teeth, per quadrant	0 - 20	Per quadrant - 10 (UR), 20 (UL), 30 (LL), 40 (LR)	Yes	One per 24 months. One full mouth service is covered every 24 months.	Pre-operative radiographs and periodontal charting.
D4342	periodontal scaling and root planing - one to three teeth, per quadrant	0 - 20	Per quadrant - 10 (UR), 20 (UL), 30 (LL), 40 (LR)	Yes	One per 24 months. One full mouth service is covered every 24 months.	Pre-operative radiographs and periodontal charting.
D4910	periodontal maintenance	0 - 20		Yes	Only covered after active therapy has been performed.	Pre-operative radiographs and periodontal charting.

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Provisions for removable prosthesis included initial placement when masticatory function is impaired or when existing prosthesis is at least five years old and unserviceable. All necessary restorative work must be completed before fabrication of a partial denture. Abutments for partial dentures must be free of active periodontal disease, and have at least 50% bone support.

Payment for dentures includes any necessary adjustments, repairs or relines necessary during the six - (6) month period following delivery of a new prosthesis. Relines are covered once every 24 months. The reimbursement for an incomplete denture service (non-delivery) will be limited to the out-of-pocket costs as documented by a copy of the lab bill. THE DATE OF PLACEMENT MUST BE USED AS THE DATE OF SERVICE WHEN SUBMITTING FOR PAYMENT OF DENTURES. Extractions and other procedures necessary prior to denture placement must be rendered and paid before dentures will be reimbursed. If immediate dentures, extractions must be rendered and billed with the same date of service as placement of the immediate dentures.

In situations where it is impractical to obtain pre-operative radiographs on a patient in a nursing home or long term care facility, a written narrative by the dentist stating that the patient is in a physical and mental state sufficient to function with full dentures is required for authorization.

Denture benefits for patients with the following medical conditions will not be considered for coverage:

- * Patients on feeding tubes
- * Post CVA patients with decreased facial muscle tone
- * Patients in a coma
- * Patients with diminished mental capacities that could not function with dentures
- * Patients who do not desire dentures
- * Advanced terminal patients

Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5110	complete denture - maxillary	0 - 20		Yes	One per 60 months. (D5110 or D5130).	Pre-operative full mouth radiographs. Date of prior placement (if applicable).
D5120	complete denture - mandibular	0 - 20		Yes	One per 60 months. (D5120 or D5140).	Pre-operative full mouth radiographs. Date of prior placement (if applicable).

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Prosthodontics, removeable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5130	immediate denture - maxillary	0 - 20		Yes	One per 60 months. (D5110 or D5130).	Pre-operative full mouth radiographs.
D5140	immediate denture - mandibular	0 - 20		Yes	One per 60 months. (D5120 or D5140).	Pre-operative full mouth radiographs.
D5211	maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	2 - 20		Yes	One per 60 months. (D5211 or D5213).	Pre-operative full mouth radiographs. Date of prior placement (if applicable).
D5212	mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	2 - 20		Yes	One per 60 months. (D5212 or D5214).	Pre-operative full mouth radiographs. Date of prior placement (if applicable).
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	2 - 20		Yes	One per 60 months. (D5211 or D5213).	Pre-operative full mouth radiographs. Date of prior placement (if applicable).

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Prosthodontics, removeable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	2 - 20		Yes	One per 60 months. (D5212 or D5214).	Pre-operative full mouth radiographs. Date of prior placement (if applicable).
D5510	repair broken complete denture base	0 - 20	Upper Arch 01 (UA) or Lower Arch 02 (LA)	No		
D5520	replace missing or broken teeth - complete denture (each tooth)	0 - 20	Teeth 1 through 32	No		
D5610	repair resin denture base	0 - 20	Upper Arch 01 (UA) or Lower Arch 02 (LA)	No		
D5620	repair cast framework	0 - 20	Upper Arch 01 (UA) or Lower Arch 02 (LA)	No		

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Prosthodontics, removeable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5630	repair or replace broken clasp	0 - 20		No		
D5640	replace broken teeth - per tooth	0 - 20	Teeth 1 through 32	No		
D5650	add tooth to existing partial denture	0 - 20	Teeth 1 through 32	No		
D5730	reline complete maxillary denture (chairside)	0 - 20		Yes	One per 24 months.	Date of denture placement.
D5731	reline complete mandibular denture (chairside)	0 - 20		Yes	One per 24 months.	Date of denture placement.

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Prosthodontics, removeable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5740	reline maxillary partial denture (chairside)	0 - 20		Yes	One per 24 months.	Date of denture placement.
D5741	reline mandibular partial denture (chairside)	0 - 20		Yes	One per 24 months.	Date of denture placement.
D5750	reline complete maxillary denture (laboratory)	0 - 20		Yes	One per 24 months.	Date of denture placement.
D5751	reline complete mandibular denture (laboratory)	0 - 20		Yes	One per 24 months.	Date of denture placement.
D5760	reline maxillary partial denture (laboratory)	0 - 20		Yes	One per 24 months.	Date of denture placement.

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Prosthodontics, removeable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5761	reline mandibular partial denture (laboratory)	0 - 20		Yes	One per 24 months.	Date of denture placement.

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Maxillofacial Prosthetics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5911	facial moulage (sectional)	0 - 20		Yes		Narrative of medical necessity.
D5912	facial moulage (complete)	0 - 20		Yes		Narrative of medical necessity.
D5913	nasal prosthesis	0 - 20		Yes		Narrative of medical necessity.
D5914	auricular prosthesis	0 - 20		Yes		Narrative of medical necessity.
D5915	orbital prosthesis	0 - 20		Yes		Narrative of medical necessity.

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Maxillofacial Prosthetics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5916	ocular prosthesis	0 - 20		Yes		Narrative of medical necessity.
D5919	facial prosthesis	0 - 20		Yes		Narrative of medical necessity.
D5922	nasal septal prosthesis	0 - 20		Yes		Narrative of medical necessity.
D5923	ocular prosthesis, interim	0 - 20		Yes		Narrative of medical necessity.
D5924	cranial prosthesis	0 - 20		Yes		Narrative of medical necessity.

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Maxillofacial Prosthetics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5925	facial augmentation implant prosthesis	0 - 20		Yes		Narrative of medical necessity.
D5926	nasal prosthesis, replacement	0 - 20		Yes		Narrative of medical necessity.
D5927	auricular prosthesis, replacement	0 - 20		Yes		Narrative of medical necessity.
D5928	orbital prosthesis, replacement	0 - 20		Yes		Narrative of medical necessity.
D5929	facial prosthesis, replacement	0 - 20		Yes		Narrative of medical necessity.

Attachment R: Benefits Covered - CHILDREN UNDER AGE 21

Maxillofacial Prosthetics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5931	obturator prosthesis, surgical	0 - 20		Yes		Narrative of medical necessity.
D5932	obturator prosthesis, definitive	0 - 20		Yes		Narrative of medical necessity.
D5933	obturator prosthesis, modification	0 - 20		Yes		Narrative of medical necessity.
D5934	mandibular resection prosthesis with guide flange	0 - 20		Yes		Narrative of medical necessity.
D5935	mandibular resection prosthesis without guide flange	0 - 20		Yes		Narrative of medical necessity.

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Maxillofacial Prosthetics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5936	obturator prosthesis, interim	0 - 20		Yes		Narrative of medical necessity.
D5937	trismus appliance (not for TMD treatment)	0 - 20		Yes	Not for TMD Treatment.	Narrative of medical necessity.
D5951	feeding aid	0 - 20		Yes		Narrative of medical necessity.
D5952	speech aid prosthesis, pediatric	0 - 12		Yes		Narrative of medical necessity.
D5953	speech aid prosthesis, adult	13 - 20		Yes		Narrative of medical necessity.

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Maxillofacial Prosthetics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5954	palatal augmentation prosthesis	0 - 20		Yes		Narrative of medical necessity.
D5955	palatal lift prosthesis, definitive	0 - 20		Yes		Narrative of medical necessity.
D5958	palatal lift prosthesis, interim	0 - 20		Yes		Narrative of medical necessity.
D5959	palatal lift prosthesis, modification	0 - 20		Yes		Narrative of medical necessity.
D5960	speech aid prosthesis, modification	0 - 20		Yes		Narrative of medical necessity.

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Maxillofacial Prosthetics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5982	surgical stent	0 - 20		Yes		Narrative of medical necessity.
D5983	radiation carrier	0 - 20		Yes		Narrative of medical necessity.
D5984	radiation shield	0 - 20		Yes		Narrative of medical necessity.
D5985	radiation cone locator	0 - 20		Yes		Narrative of medical necessity.
D5986	fluoride gel carrier	0 - 20		Yes		Narrative of medical necessity.

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Maxillofacial Prosthetics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5987	commissure splint	0 - 20		Yes		Narrative of medical necessity.
D5988	surgical splint	0 - 20		Yes		Narrative of medical necessity.
D5999	unspecified maxillofacial prosthesis, by report	0 - 20		Yes		Narrative of medical necessity.

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Fixed bridgework will only be considered for the replacement of the permanent anterior teeth.

Fixed Prosthetic Services are covered for Participants with prior authorization. Services will not be authorized until it is documented that all necessary restorative, endodontic, periodontic and oral surgery has been completed.

Fixed bridgework will not be allowed in conjunction with the placement of a partial denture in the same arch.

Fixed prosthesis will not be covered when they replace a removable appliance that is less than 5 years old.

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6210	pontic - cast high noble metal	2 - 20	Teeth 6 - 11, 22 - 27	Yes	One per 60 months.	Pre-operative radiographs. Date of prior placement (if applicable).
D6211	pontic - cast predominantly base metal	2 - 20	Teeth 6 - 11, 22 - 27	Yes	One per 60 months.	Pre-operative radiographs. Date of prior placement (if applicable).
D6212	pontic - cast noble metal	2 - 20	Teeth 6 - 11, 22 - 27	Yes	One per 60 months.	Pre-operative radiographs. Date of prior placement (if applicable).
D6240	pontic - porcelain fused to high noble metal	2 - 20	Teeth 6 - 11, 22 - 27	Yes	One per 60 months.	Pre-operative radiographs. Date of prior placement (if applicable).

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Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6241	pontic - porcelain fused to predominantly base metal	2 - 20	Teeth 6 - 11, 22 - 27	Yes	One per 60 months.	Pre-operative radiographs. Date of prior placement (if applicable).
D6242	pontic - porcelain fused to noble metal	2 - 20	Teeth 6 - 11, 22 - 27	Yes	One per 60 months.	Pre-operative radiographs. Date of prior placement (if applicable).
D6251	pontic - resin with predominantly base metal	2 - 20	Teeth 6 - 11, 22 - 27	Yes	One per 60 months.	Pre-operative radiographs. Date of prior placement (if applicable).
D6721	crown - resin with predominantly base metal	2 - 20	Teeth 5 - 12, 20 - 29	Yes	One per 60 months.	Pre-operative radiographs. Date of prior placement (if applicable).
D6750	crown - porcelain fused to high noble meta	2 - 20	Teeth 5 - 12, 20 - 29	Yes	One per 60 months.	Pre-operative radiographs. Date of prior placement (if applicable).

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Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6751	crown - porcelain fused to predominantly base metal	2 - 20	Teeth 5 - 12, 20 - 29	Yes	One per 60 months.	Pre-operative radiographs. Date of prior placement (if applicable).
D6752	crown - porcelain fused to noble metal	2 - 20	Teeth 5 - 12, 20 - 29	Yes	One per 60 months.	
D6790	crown - full cast high noble metal	2 - 20	Teeth 5 - 12, 20 - 29	Yes	One per 60 months.	Pre-operative radiographs. Date of prior placement (if applicable).
D6791	crown - full cast predominantly base metal	2 - 20	Teeth 5 - 12, 20 - 29	Yes	One per 60 months.	Pre-operative radiographs. Date of prior placement (if applicable).
D6792	crown - full cast noble metal	2 - 20	Teeth 5 - 12, 20 - 29	Yes	One per 60 months.	Pre-operative radiographs. Date of prior placement (if applicable).

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Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6930	recement fixed partial denture	0 - 20		No		
D6972	prefabricated post and core in addition to fixed partial denture retainer	2 - 20	Teeth 5 - 12, 20 - 29	Yes		Endodontic fill radiograph.

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Prophylactic removal of multiple asymptomatic teeth, or teeth free from pathology is not a covered benefit.

Extraction of deciduous teeth that radiographically appear to be near imminent exfoliation is not a covered benefit.

Reimbursement includes local anesthesia and post-operative care.

Claims for all oral surgical procedures except simple, non-surgical extractions or for procedure code D7210 must include a pre-operative radiograph to be considered for reimbursement.

Simple and surgical extractions are covered. Local anesthesia and routine post-operative care are included in the fees and will not be reimbursed separately.

“Erupted surgical extractions” are defined as extractions requiring elevation of a mucoperiosteal flap and removal of bone, and/or section of the tooth and closure.

Tuberosity reductions are not payable in conjunction with extractions or alveolectomy in the same quadrant.

For oral surgery performed as part of emergency care, the requirement for prior authorization is waived. Service will still be subject to retrospective review. Emergency care is defined as treatment of pain, infection, swelling, uncontrolled bleeding, or traumatic injury.

Oral Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7140	extraction - erupted tooth or exposed root (elevation and/or forceps removal)	0 - 20	Teeth 1 through 32, 51 through 82 (SN), A through T, AS through TS (SN)	No		
D7210	surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	0 - 20	Teeth 1 through 32, 51 through 82 (SN), A through T, AS through TS (SN)	No	Prophylactic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit.	Pre-operative radiographs.

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Oral Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7220	removal of impacted tooth - soft tissue	16 - 20	Teeth 1 through 32, 51 through 82 (SN)	Yes	Prophylactic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit.	Pre-operative radiographs.
D7230	removal of impacted tooth - partially bony	16 - 20	Teeth 1 through 32, 51 through 82 (SN)	Yes	Prophylactic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit.	Pre-operative radiographs.
D7240	removal of impacted tooth - completely bony	16 - 20	Teeth 1 through 32, 51 through 82 (SN)	Yes	Prophylactic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit.	Pre-operative radiographs.
D7250	surgical removal of residual tooth roots (cutting procedure)	2 - 20	Teeth 1 through 32, 51 through 82 (SN), A through T, AS through TS (SN)	Yes	Prophylactic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit.	Pre-operative radiographs.
D7280	surgical access for an unerupted tooth	2 - 20	Teeth 1 through 32	Yes	To expose crown of an impacted tooth not intended to be extracted.	Pre-operative radiographs.

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Oral Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7283	placement of device to facilitate eruption of impacted tooth	2 - 20	Teeth 1 through 32	Yes	Once per lifetime. ALLOWED ONLY ON APPROVED ORTHODONTIC CASES PER LIFETIME.	Pre-operative radiographs. For ortho cases only.
D7310	alveoloplasty in conjunction with extractions - per quadrant	2 - 20	Per quadrant - 10 (UR), 20 (UL), 30 (LL), 40 (LR)	Yes	Once per lifetime. Either D7310 or D7311 per quad.	Pre-operative radiographs.
D7311	alveoloplasty w/ extractions - one to three teeth or tooth spaces per quad	2 - 20	Per quadrant - 10 (UR), 20 (UL), 30 (LL), 40 (LR)	Yes	Once per lifetime. Either D7310 or D7311 per quad.	Pre-operative radiographs.
D7320	alveoloplasty not in conjunction with extractions - per quadrant	2 - 20	Per quadrant - 10 (UR), 20 (UL), 30 (LL), 40 (LR)	Yes	Once per lifetime. Either D7320 or D7321 per quad.	Diagnostic models.
D7321	alveoloplasty w/o extractions - one to three teeth or tooth spaces per quad	2 - 20	Per quadrant - 10 (UR), 20 (UL), 30 (LL), 40 (LR)	Yes	Once per lifetime. Either D7320 or D7321 per quad.	Diagnostic models.

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Oral Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	0 - 20		Yes		Copy of pathology report with claim.
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	0 - 20		Yes		Copy of pathology report with claim.
D7460	removal of benign non-odontogenic cyst or tumor - lesion diameter up to 1.25 cm	0 - 20		Yes		Copy of pathology report with claim.
D7461	removal of benign non-odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	0 - 20		Yes		Copy of pathology report with claim.
D7510	incision and drainage of abscess - intraoral soft tissue	0 - 20		Yes	Either D7510 or D7511 on date of service.	Pre-operative radiographs and narrative with claim.

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Oral Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7511	incision and drainage - intraoral - complicated	0 - 20		Yes	Includes drainage of multiple fascial spaces. Either D7510 or D7511 on date of service.	Pre-operative radiographs and narrative with claim.
D7610	maxilla - open reduction (teeth immobilized, if present)	0 - 20		Yes		Pre-operative radiographs and accident narrative details with claim.
D7620	maxilla - closed reduction (teeth immobilized, if present)	0 - 20		Yes		Pre-operative radiographs and accident narrative details with claim.
D7630	mandible - open reduction (teeth immobilized, if present)	0 - 20		Yes		Pre-operative radiographs and accident narrative details with claim.
D7640	mandible - closed reduction (teeth immobilized, if present)	0 - 20		Yes		Pre-operative radiographs and accident narrative details with claim.

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Oral Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7710	maxilla - open reduction	0 - 20		Yes		Pre-operative radiographs and accident narrative details with claim.
D7720	maxilla - closed reduction	0 - 20		Yes		Pre-operative radiographs and accident narrative details with claim.
D7730	mandible - open reduction	0 - 20		Yes		Pre-operative radiographs and accident narrative details with claim.
D7740	mandible - closed reduction	0 - 20		Yes		Pre-operative radiographs and accident narrative details with claim.
D7810	open reduction of dislocation	0 - 20		Yes		Narrative of medical necessity with claim.

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Oral Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7820	closed reduction of dislocation	0 - 20		Yes		Narrative of medical necessity with claim.
D7960	frenulectomy (frenulectomy or frenotomy) - separate procedure	2 - 20		Yes	Once per lifetime. Either D7960 or D7963.	Narrative of medical necessity. Study model or photo.
D7963	frenuloplasty	2 - 20		Yes	Once per lifetime. Either D7960 or D7963.	Narrative of medical necessity. Study model or photo.

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Participants between the ages of 2 and 20 may qualify for orthodontic care under the program. PARTICIPANTS MUST HAVE A SEVERE, DYSFUNCTIONAL, HANDICAPPING MALOCCLUSION AS DETERMINED BY A SCORE OF 42 POINTS OR GREATER ON THE MODIFIED SALZMANN INDEX, OR OBJECTIVE DOCUMENTATION THAT THE MALOCCLUSION IS AN IMPAIRMENT OF, OR A HAZARD TO THE ABILITY TO EAT, CHEW, SPEAK, OR BREATHE. When it is determined that the case will not qualify for comprehensive orthodontic treatment, the initial examination (consultation) can be billed using procedure code D8999.

Since a case must be dysfunctional to be accepted for treatment, Participants whose molars and bicuspid are in good occlusion seldom qualify. INTERCEPTIVE ORTHODONTICS IS NOT A COVERED BENEFIT. Crowding alone is usually not dysfunctional in spite of the aesthetic considerations. the PARTICIPANT MUST HAVE LOST ALL PRIMARY TEETH AND HAVE PERMANENT TEETH ERUPTING OR IN OCCLUSION TO BE CONSIDERED.

For cleft palate cases, please contact the Division of Specialized Care for Children (DSCC) at 1.800.322.3722.

All orthodontic services require prior authorization by a Doral Dental Consultant. Requests for prior authorization need to include:

- * Orthodontic examination and records
- * Appropriate radiographs and facial photographs
- * Study models properly trimmed and identified
- * Detailed treatment plan with diagnosis and prognosis

The fee for the initial exam, radiographs and study models should be submitted under procedure code D8660.

The starting and billing date of orthodontic services is defined as the date when the bands, brackets, or appliances are placed in the Participant's mouth. It is important to verify the Participant's eligibility, as the Participant must be eligible on this date of service.

Payment for orthodontics includes all appliances, retainers and all follow-up visits. Orthodontic appliance benefit limited to once per lifetime.

To initiate payment on an approved comprehensive orthodontic case, the dental office needs to submit a claim form indicating the date the appliances were placed (banding date). Monthly payments will be made for approved treatment as long as the Participant remains eligible and is in active treatment. IN ORDER TO RECEIVE REIMBURSEMENT FOR MONTHLY ADJUSTMENTS, PROVIDER MUST BILL FOR THE DATE OF SERVICE TREATMENT WAS RENDERED. A Participant will not be considered to be in active treatment if they have failed to keep appointments in two consecutive months. If a Participant fails to keep an appointment for two consecutive months, the dental office must notify Doral.

Continuation of orthodontic care will be handled in the following fashion:

1. For cases that were started prior to the Participant becoming eligible for public assistance, Doral will attempt to secure the original pre-treatment records for review by a Doral Dental Consultant. The Modified Salzmann Index will be performed and the original records reviewed using the criteria for all new cases. If the original records pass the test of medical necessity, a continuation of benefits based on a pro-rating of the treatment remaining will be paid.
2. For cases that were started under the Medical Assistance Program, a Participant will be allowed to transfer treatment only under extreme situations. Usually this will be limited to when a Participant moves out of the immediate service area. In this instance, the dentist who will complete the case in progress will need to submit a claim form indicating the treatment status of the case, his/her intention to continue care and a fee for the remaining treatment. Doral will review the request on a case by case basis

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and issue a determination of benefits.

Orthodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D8080	comprehensive orthodontic treatment of the adolescent dentition	2 - 20		Yes	Once per lifetime.	Study models (or OrthoCad equivalent) and radiographs.
D8660	pre-orthodontic treatment visit	2 - 20		Yes		Study models (or OrthoCad equivalent) and radiographs.
D8670	periodic orthodontic treatment visit (as part of contract)	2 - 20		Yes	Maximum of one (1) per month regardless of number of visits each month.	
D8999	unspecified orthodontic procedure, by report	2 - 20		Yes	Once per lifetime. Only covered if case fails to reach 42 points on the Modified Salzman Index.	

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Adjunctive general services include general anesthesia, intravenous sedation, nitrous oxide analgesia, consultations and various drugs and medicaments, and emergency services provided for relief of dental pain.

Procedure code D9110 – palliative treatment is to be used to bill for minor palliative procedures when the only other procedure code billed for is a diagnostic radiograph. If any other services (filling, endodontics, oral surgery etc.) are billed for on the same day, the palliative treatment code will be denied.

Intravenous sedation and general anesthesia will only be a covered service for participating dentists that hold current certification and licensure per state and federal guidelines.

Requests for intravenous sedation and general anesthesia will be reviewed on a case by case basis. A case will be covered for Participants with physical or mental health problems of such severity that treatment can not be reasonably attempted without the use of intravenous sedation or general anesthesia. Intravenous sedation or general anesthesia may be allowed when a surgical procedure is being rendered. Claims for intravenous sedation and general anesthesia must include a narrative of medical necessity. Acceptable conditions include:

- * Toxicity to local anesthesia supported by documentation;
- * Severe mental retardation;
- * Severe physical disability;
- * Uncontrolled management problem;
- * Extensive or complicated surgical procedures;
- * Failure of local anesthesia;
- * Documented medical complications; and
- * Acute infection that would preclude the efficacy of local anesthesia.

For cases requiring intravenous sedation or general anesthesia, Providers must document the following in the Participant's chart for appropriate psychosomatic disorders: diagnosis, description of past evidence of situational anxiety or uncontrolled behaviors, and in the case of referral due to uncontrolled behavior, the name of the referring dentist or provider group. Apprehension alone is not typically considered medically necessary. Doral or the IDPA may elect to perform chart audits on these services. Services not documented as required may be denied for payment. The procedures will only be reimbursed for once per day regardless of the length of time it takes to complete the procedure.

General anesthesia, intravenous sedation, and nitrous oxide are only covered in conjunction with a covered dental procedure. Payment for any one of these services precludes payment for the remaining procedure codes. Payment for general anesthesia or intravenous sedation includes any other drugs administered on the same day.

Reimbursement for local anesthesia is included in the fee for the procedures.

Procedure code D9230 – nitrous oxide, is a covered service for Participants who are mentally or physically challenged, or otherwise present with special management needs. Special consideration is granted to individuals under the age of six that require extensive dental treatment and/or exhibit rampant caries where patient management is a concern.

Only claims for nitrous oxide with documented medical necessity will be considered for payment. Medical necessity for the use of nitrous oxide would be broadly defined as some condition specific to the particular treatment situation that would preclude the performance of necessary dental treatment, with the use of a local anesthetic alone.

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Some examples of conditions that would establish medical necessity for nitrous oxide are:

- * Apprehensive child under the age of six when any treatment is rendered
- * Apprehensive children between 6 and 10 years of age when restorative or surgery is performed
- * Apprehensive children between the ages of 10 and 18 years when surgical services are performed

All other situations for nitrous oxide will be reviewed for coverage on a case by case basis.

Procedure code D9310 – consultation, will only be reimbursed to a dentist other than the one providing definitive treatment. A consultation includes an examination and evaluation of the patient, and a written report from the consultant to the treating dentist. When billing for a consultation, a copy of the written report must be attached. When the consulting dentist also performs services reimbursement to that dentist will be limited to the actual services performed. There will not be a separate reimbursement for a consultation.

Procedure code D9999 is to be utilized to submit a request for reimbursement for a dental service not otherwise described herein. Request should include a description of the service, medical necessity, a proposed fee and any pertinent radiographs.

Adjunctive General						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D9110	palliative (emergency) treatment of dental pain - minor procedure	0 - 20		No	Not covered with D0140 on same date of service.	
D9220	deep sedation/general anesthesia - first 30 minutes	0 - 20		Yes		Narrative of medical necessity. All inclusive fee - Not limited to first 30 minutes.

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Adjunctive General						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D9230	analgesia, anxiolysis, inhalation of nitrous oxide	0 - 20		Yes		Narrative of medical necessity.
D9241	intravenous conscious sedation/analgesia - first 30 minutes	0 - 20		Yes		Narrative of medical necessity. All inclusive fee - Not limited to first 30 minutes.
D9310	consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	0 - 20		No		Narrative of medical necessity shall be maintained in patient records.
D9610	therapeutic drug injection, by report	0 - 20		Yes		Narrative of medical necessity. Name of drug and amount administered.
D9630	other drugs and/or medicaments, by report	0 - 20		Yes		Narrative of medical necessity. Name of drug and amount administered.

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Adjunctive General						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D9999	unspecified adjunctive procedure, by report	0 - 20		Yes		Description of service and narrative of medical necessity.